



SIC - 01252 (12-2015)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
SICKNESS NOTIFICATION

CLAIM NO.

RE-FILING CLAIM NO.

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph

PLEASE READ THE INSTRUCTIONS AND REMINDER AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY THE MEMBER**A. PERSONAL DATA**

SS NUMBER	COMMON REFERENCE NUMBER (IF ANY)	DATE OF BIRTH (MMDDYYYY)	TAX IDENTIFICATION NUMBER (IF ANY)
NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)	(HOUSE/LOT & BLK NO.)	(STREET NAME)	
(SUBDIVISION)	(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)
TELEPHONE NO. (AREA CODE + TEL NO.)	MOBILE/CELLPHONE NO.	E-MAIL ADDRESS	
FOREIGN ADDRESS (IF APPLICABLE)		COUNTRY	ZIP CODE

B. CERTIFICATION

I certify that the information provided in this form are true and correct.

PRINTED NAME

SIGNATURE

DATE

If member cannot sign, affix fingerprints. Please read Instruction No. 6 of the form.

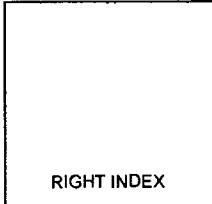
Below are the witnesses to fingerprinting:

1)

PRINTED NAME

SIGNATURE

DATE



2)

ADDRESS & CONTACT NUMBER

PRINTED NAME

SIGNATURE

DATE

RIGHT THUMB

RIGHT INDEX

ADDRESS & CONTACT NUMBER

PART II - TO BE FILLED OUT BY EMPLOYER**A. EMPLOYER DATA**

EMPLOYER ID NUMBER	NAME OF EMPLOYER/REGISTERED BUSINESS NAME		E-MAIL ADDRESS
BUSINESS ADDRESS (NO. & STREET)	(BARANGAY)	(TOWN/ DISTRICT)	(CITY/PROVINCE)
START OF SICK LEAVE (MMDDYYYY)	NOTIFICATION FORM WAS RECEIVED BY US ON (MMDDYYYY)	E-NOTIFICATION DATE (MMDDYYYY)	ACCIDENT/SICKNESS OCCURRED WHILE <input type="checkbox"/> Working <input type="checkbox"/> In Co. Premises <input type="checkbox"/> On Vacation <input type="checkbox"/> On Strike <input type="checkbox"/> Co. Shutdown <input type="checkbox"/> Under Suspension

B. CERTIFICATION

I certify that the above information are true and correct and that the reported accident/illness is duly recorded in the Employer's Logbook for EC Claim under page number _____ and entry number _____

SIGNATURE OVER PRINTED NAME
EMPLOYER/AUTHORIZED REPRESENTATIVE

OFFICIAL DESIGNATION

DATE

PART III - MEDICAL CERTIFICATE (TO BE FILLED OUT BY THE ATTENDING PHYSICIAN)

BRIEF MEDICAL HISTORY AND PERTINENT FINDINGS

ATTENDING PHYSICIAN'S CERTIFICATIONI certify that I have seen and examined above-named patient on _____ and in my opinion, confinement including recuperation period may last _____ days.
(no. of days)

DIAGNOSIS:

FIT TO WORK:

PLACE OF CONFINEMENT <input type="checkbox"/> HOME <input type="checkbox"/> HOSPITAL	START OF CONFINEMENT (MMDDYYYY)	NAME OF HOSPITAL (if confined in a hospital)	
PRINTED NAME AND SIGNATURE		LICENSE NO.	
ADDRESS OF PHYSICIAN'S CLINIC/HOSPITAL (NO. & STREET)	(BARANGAY)	(TOWN/ DISTRICT)	(CITY/PROVINCE)
ZIP CODE			

PART IV - TO BE FILLED OUT BY SSS PERSONNEL

RECEIVED BY (FOR MEMBER SERVICES SECTION) RECEIVED BY (FOR MEDICAL EVALUATION SECTION)

SIGNATURE OVER PRINTED NAME DATE TIME

SIGNATURE OVER PRINTED NAME DATE TIME

Perforate Here

Republic of the Philippines SOCIAL SECURITY SYSTEM SICKNESS NOTIFICATION ACKNOWLEDGEMENT STUB				
SS NUMBER/CRN (IF ANY)	NAME OF MEMBER (LAST NAME)	(FIRSTNAME)	(MIDDLE NAME)	(SUFFIX)
RECEIVED BY				
SIGNATURE OVER PRINTED NAME	POSITION TITLE	DATE & TIME	SSS BRANCH	

THIS PORTION TO BE FILLED OUT BY SSS PERSONNEL

PART V - SCREENING RESULTS

MEMBER SERVICES SECTION

Screening was done and results are as follows:

- In order
- No signature of Employee
- No signature of Employer
- Medical Certificate not accomplished

Remarks:

MEDICAL EVALUATION SECTION

Screening was done and results are as follows:

- In order
- With findings, please see remarks

Remarks:

SCREENED BY

SCREENED BY

SIGNATURE OVER PRINTED NAME DATE TIME

SIGNATURE OVER PRINTED NAME DATE TIME

RECEIPT AND SCREENING (RE-FILED CLAIM)

REMARKS _____

- Claim accepted
- Claim not accepted (see remarks)

RECEIVED AND SCREENED BY

SIGNATURE OVER PRINTED NAME DATE TIME

DATE RETURNED

PART VI - MEDICAL EVALUATION

A. PHYSICAL EXAMINATION AND INTERVIEW

PERTINENT PE FINDINGS (Member to affix signature after PEI)

Onset of Illness _____

Last Working Day _____

Back to Work _____

Member's Signature _____

B. RECOMMENDATION

SS

EC

APPROVED # of days

- Initial
- Extension (indicate previous approval)

(In numeric) _____ (In words) _____

APPROVED # of days

- Initial
- Extension (indicate previous approval)

(In numeric) _____ (In words) _____

(Inclusive Period) _____

(Inclusive Period) _____

 Previous approval _____ Hospital (Confined) _____ Previous approval _____ Hospital (Confined) _____

(Date of Discharge) _____

(Date of Discharge) _____

 PENDING - For MFS HCD/ODS referral PENDING - For MFS HCD/ODS referral

Initials _____

Date _____

Initials _____

Date _____

 RETURNED - _____

Initials _____

Date _____

 DENIED - _____

Initials _____

Date _____

REMARKS

REMARKS

ILLNESS CODE/S

EVALUATED BY

ENCODED AND RELEASED BY

SIGNATURE OVER PRINTED NAME

DATE

SIGNATURE OVER PRINTED NAME

DATE

INSTRUCTIONS

ON FILING OF NOTIFICATION

For Employed Members

- To avoid penalties for late filing, Sickness Notification (SN) form must be submitted to employer within five (5) calendar days after start of confinement, except:
 - a) if confinement is in a hospital - deadline for notification is one (1) year from date of discharge
 - b) if sickness/injury occurred while at work or within company premises - Employer is deemed notified.
- For EC cases, sickness/injury must be recorded in the company logbook within five (5) calendar days from notice or knowledge of occurrence of the contingency. Failure to do so will mean employer liability to fifty (50) percent of the lump sum equivalent of the income benefit the employee is entitled.

For Employers

- To avoid penalties for late filing, employer may:
 - a) File the SN form at SSS within five (5) calendar days after its receipt from employee, including cases where sickness/injury occurred while at work or within company premises, or
 - b) Notify the system through the web and submit the SN form within thirty (30) calendar days after date of web notification.

ATTACHMENT/SUPPORTING DOCUMENTS

For prolonged confinements/sickness

- Laboratory, X-ray, ECG and other diagnostics results
- Operating room/clinical record that will support diagnosis

For sickness that occurred while on strike/shutdown

- Certificate of Notice of Strike issued by DOLE
- Certificate of Foreclosure
- Certificate of Non-advancement of Payment from Employer

For vehicular accident w/ 3rd party involvement (EC claim)

- Police Report

REMINDER

Verification of status may be made thru the SSS Website at www.sss.gov.ph or contact our Call Center at 920-6446 to 55 or 917-7777.